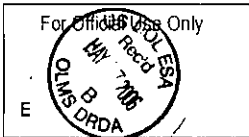


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6785	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Charles H Johnson P.O. Box, Bldg., Room No., if any Street 29061 SE Hwy 224 City Eagle Creek State OR ZIP Code + 4 97022	4. Name, file number, and address of labor organization. Name Sheet Metal Workers #16 Labor Organization File Number 035-340 P.O. Box, Building and Room Number, if any Street 2379 NE 178th Ave Suite 16 City Portland State OR ZIP Code + 4 97230-5957
5. Position in labor organization. Executive Board Member	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed _____ On _____ Date _____ Telephone Number _____

Name of Person Filing Charles Johnson	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p style="margin-left: 40px;">a. Labor Organization</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> b. Trust</p> <p style="margin-left: 40px;">c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Sheet Metal Training Fund</p> <p>Trade Name, if any: Trust</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2379 NE 178th Ave</p> <p>City Portland</p> <p>State OR ZIP Code + 4 97230</p>	<p>11.a. Nature of such dealing.</p> <p style="margin-left: 40px;">Income for Training Instructor</p> <p style="text-align: right; margin-right: 20px;">70,345</p> <hr/> <p>11.b. Approximate dollar value of such dealing. 70,345</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p style="margin-left: 40px;">Income Reported on W-2</p> <hr/> <p>12.b. Amount. 70,345</p>

C. **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer cr Consultant ?</p>	<p>14.b. Amount of payment</p>

Name of Person Filing <u>Charles Johnson</u>	File Number U-
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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p style="margin-left: 40px;">a. Labor Organization</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> b. Trust</p> <p style="margin-left: 40px;">c. Employer</p>				
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>International Training Institute</u></p> <p>Trade Name, if any: <u>for Sheet Metal</u></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>601 N. Fairfax Street Suite 240</u></p> <p>City <u>Alexandria</u></p> <p>State <u>Virginia</u> ZIP Code + 4 <u>22314</u></p>	<p>11.a. Nature of such dealing.</p> <p style="font-size: 1.2em;"><u>Training and consulting for</u> <u>Continual Professional Instruction</u></p>				
	<p>11.b. Approximate dollar value of such dealing. <u>3475.02</u></p>				
	<p>12.a. Nature of interest held or income received.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"><u>Reimb. Expenses</u></td> <td style="width: 20%; text-align: right;"><u>1395.02</u></td> </tr> <tr> <td><u>Per diem + Consulting wages</u></td> <td style="text-align: right;"><u>2080</u></td> </tr> </table>	<u>Reimb. Expenses</u>	<u>1395.02</u>	<u>Per diem + Consulting wages</u>	<u>2080</u>
<u>Reimb. Expenses</u>	<u>1395.02</u>				
<u>Per diem + Consulting wages</u>	<u>2080</u>				
	<p>12.b. Amount. <u>3475.02</u></p>				

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <u>Charles Johnson</u>	File Number U-
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<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>					
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>				
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>International Training Institute for Sheet Metal</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>601 N. Fairfax Street Suite 240</u></p> <p>City <u>Alexandria</u></p> <p>State <u>Virginia</u> ZIP Code + 4 <u>22314</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Consulting for Advanced Instructor Training 1+4</u></p>				
	<p>11.b. Approximate dollar value of such dealing. <u>3623</u></p>				
	<p>12.a. Nature of interest held or income received.</p> <table style="width: 100%;"> <tr> <td style="width: 80%;">Reimb. Expenses</td> <td style="text-align: right;">863.28</td> </tr> <tr> <td>Per Diem + Consulting</td> <td style="text-align: right;">2760</td> </tr> </table>	Reimb. Expenses	863.28	Per Diem + Consulting	2760
Reimb. Expenses	863.28				
Per Diem + Consulting	2760				
	<p>12.b. Amount. <u>3623</u></p>				

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <u>Charles Johnson</u>	File Number U-
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<u>Reimb Expenses</u>	<u>755.37</u>				
<u>Per Diem + Consulting</u>	<u>2420</u>				

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

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<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
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